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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonapplications under 37 C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. Applicant claims small entity status
See 37 CFR 1.27

3. Specification [Total Pages 17] 1
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. Drawing(s) (35 U.S.C. 113) [Total sheets 9] 1

5. Oath or Declaration [Total pages 1] 1

- a. Newly executed (original or copy)
- b. Copy from a prior application (37 CFR § 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____

Group/Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)  or Correspondence address below

28523

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/type)	James T. Jones	Registration No. (Attorney/Agent)	30,561
Signature	<i>James T. Jones</i>	Date	July 23, 2003

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 175-115-10
 10/25/99
 PTO
 07/2/03


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